

Department of State officials from throughout Europe recently met with TRICARE Europe staff to discuss the effects and advantages of the new Department of Defense global remote overseas contract for U.S. Embassy and other State Department staff members stationed overseas. From left, Cedric DuMont, DoS Regional Director for Medical Services in Europe; Barry Gould, DoS Regional Medical Coordinator; and MAJ Wayne White, TRICARE Europe Remote Site Health Care Services Director.



Troy Kitch

Global Remote Health Care Contract Begins

Troy Kitch

Public Affairs & Marketing

Active duty members and their families who live in remote locations of Europe, Africa, and the Middle East are now covered by a global health care service contract provided by International SOS Assistance, Inc. of Treviso, Pa.

TRICARE Management Activity selected International SOS, the largest remote site health care service in the world, from among many competitors to deliver remote health care services to military members and their families worldwide. International SOS already has a lot of experience serving military members and their families in remote locations in the Middle East, the Pacific and in Latin America. The organization is recognized throughout the world for coordinating and providing quality health care services from credentialed providers.

Prior to Sept. 1, International SOS services were only available in select countries in Central Command's Area of Responsibility for TRICARE Europe Remote beneficiaries. Now the program is available in all remote locations worldwide, including regions of European Command designated for remote coverage. Remote locations are defined as more than 50 miles or more than a one-hour drive from a military Medical Treatment Facility.

"International SOS will deliver standardized, accessible health care to our beneficiaries in remote areas," said Maj. Wayne White, TRICARE Europe Director of Remote Health Care, "One of the major benefits of the program is that ac-

tive duty and family members assigned in countries that do not have a U.S. military treatment facility will enjoy a 'cashless, claimless' benefit when they use providers within the International SOS network."



International SOS provides routine, urgent and emergency medical services to active duty service members and their families who are assigned to remote locations. International SOS also provides dental services for active duty members. The TRICARE Dental Program covers family dental needs.

The contract also provides urgent or emergency care for active duty service members who are TDY/TAD, deployed or on an authorized leave status in remote overseas locations.

"We're very excited about this new program," White said, "This contract is a major step towards standardizing and improving beneficiary care and monitoring in remote areas."

Beneficiaries in remote locations will receive a TRICARE Europe Remote identification card from their local TRICARE Point of Contact that will serve as their ticket to access care from International SOS' extensive network of providers. They may also receive information about the program from their POC.

International SOS is available 24 hours a day, seven days a week at **44-20-8762-8133** (beneficiaries may call collect or SOS will call back if this option is not available), or via email at tricarelon@internationalsos.com.

More information about the Remote health care program is available online at www.europe.tricare.osd.mil/benefit/remote.

Global Remote Contract Major Step Forward

Col James Rundell
Executive Director

September 1, 2003 was a watershed day for TRICARE Europe. The Global Remote Site Contract for healthcare services in remote locations (over 50 miles from a military medical treatment facility) was made available to several thousand beneficiaries throughout Europe, Africa and the Middle East. The ability of Prime Remote beneficiaries to have access to cashless and claimless medical care with maximum attention to quality and appropriateness of care is a major step forward for TRICARE beneficiaries living in these remote locations. While not detracting from any of the innovative and traditional ways of coordinating care for our remote beneficiaries, this program gives these beneficiaries access to services and assurances not previously available.

We are very proud of all the people here at TRICARE Europe, as well as in all three military services, who worked so hard for many years to bring this benefit to these important beneficiaries. Many people don't realize that as much as half of TRICARE Europe's overall efforts are directed toward supporting the health care of these remote site beneficiaries.

Though they comprise only about 10,000 of our overall 300,000 plus patient population, their unique settings and needs require a great deal of support. International SOS brings additional resources to the table to assist these Americans in attaining the best possible medical care available during postings at embassies and other remote site locations.

"Feedback from beneficiaries and from those who support them within our military system is crucial to assuring that the program is responsive and keeps a focus on quality and outcomes"

During the months ahead our commitment at TRICARE Europe is to establish an effective interface between International SOS and affected groups within our military healthcare system so that beneficiaries' needs are well-supported. We have an excellent working relationship with International SOS and communicate every day



Col James Rundell
TRICARE Europe Executive Director

about clinical and administrative aspects of the program.

An important aspect of our interface between the different groups involved with this program is educative in nature. Our people have been actively involved in providing information and education to TRICARE points of contact throughout the theater, to embassy health unit personnel, and to military MTF staff.

A number of outstanding fact sheets have been posted on the TRICARE Europe website that are in plain English and explain the program for beneficiaries, MTFs, and embassy health unit personnel. We will monitor daily the unfolding of this contract and help address any unanticipated problems that might occur. And we will continue to place a high emphasis on education and information to all parties concerned while assuring remote beneficiaries receive consistent, quality cashless and claimless care.

Feedback from beneficiaries and from those who support them within our military system is crucial to assuring that the program is responsive and keeps a focus on quality and outcomes. We hope to get a lot of feedback as the program unfolds so we can work with International SOS to continually improve the services the program provides.

New TRICARE Contracts Recently Awarded

Courtesy TRICARE Management Activity

Dr. William Winkenwerder Jr., assistant secretary of defense for health affairs, recently addressed the award of TRICARE contracts to Health Net Federal Services, Rancho Cordova, Calif.; Humana Military Healthcare Services, Louisville, Ky.; and TriWest Healthcare Alliance Corp., Phoenix, Ariz. The three contracts are valued at an estimated \$6.4 billion, which does not include the target health care costs for option periods two through five that will be negotiated prior to exercising each option. Health care costs for these three contracts, for option periods two through five, are estimated to range between \$19.5 billion to \$20.5 billion. The new contracts will replace the current seven contracts over the next 14 months and will be simpler for the government to administer.

These contractors will provide health care services to our 8.7 million uniformed services beneficiaries and support to military hospitals and clinics in the United States. They put customer satisfaction first by providing meaningful incentives for top performance in telephone access, claims payment and quality medical outcomes.

"The new contracts are part of the secretary's transformation efforts and will make a strong program better," said Winkenwerder. "Our new contractors will be strategic partners in support of medical readiness and their added value includes optimizing care in our military medical facilities, ensuring access to the highest quality civilian providers and offering preventive and outreach strategies for our beneficiaries."

Each contract includes at least a nine-month transition, plus five one-year option periods for health care delivery and support. The transition began on Sept. 1, 2003. The turnover of responsibility for services in the newly aligned TRICARE North, South and West regions will be phased in, starting with areas in the West region on June 1, 2004, and will be completed by November 2004.

"I anticipate a smooth transition," said Winkenwerder. "Through the transition period, beneficiaries will receive information about enrollment choices, primary care manager selections and the availability of specialists."

"I am very pleased with this next generation of TRICARE contracts. They will take us to the next step in focusing on our patients, claims efficiency, ease of portability and enhancing our military medical facilities," said Lt. Gen. James B. Peake, Army surgeon general and commander U.S. Army Medical Command.

"These contracts will afford the Military Health System greater flexibility and opportunity to execute the health care benefits enacted by Congress," said Vice Adm. Michael L. Cowan, surgeon general of the Navy and chief, Bureau of Medicine and Surgery. "Naval medicine looks forward to working with our sister services and our TRICARE partners to deliver a world-class benefit—centered on families, grounded by Force Health Protection."

"The award of these contracts concludes an intense process of dedication and inter-service cooperation. It also marks the

beginning of new partnerships specifically designed to focus on our beneficiaries, to reward quality, and help us strengthen our expeditionary Air Force," said Lt. Gen. George Peach Taylor, surgeon general of the Air Force.



Health Net Federal Services is the awardee for the \$2.2 billion contract for the TRICARE North region and will provide support and health care services in Connecticut, Delaware, the District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia and Wisconsin.

Humana Military Healthcare Services is the awardee for the \$2 billion contract for the TRICARE South region and will provide support and health care services in Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, Oklahoma, South Carolina, Tennessee and the eastern portion of Texas.

TriWest Healthcare Alliance Corp. is the awardee for the \$2.1 billion contract for the TRICARE West region and will provide support and health care services in Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Minnesota, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oregon, South Dakota, the western portion of Texas, Utah, Washington and Wyoming.

During the transition period, beneficiaries will continue to file claims with their current TRICARE contractor. Eligible TRICARE beneficiaries are encouraged to contact the Defense Manpower Data Center Support Office (DSO) to ensure enrollment information in the Defense Enrollment Eligibility Reporting System (DEERS) is current. DEERS enrollment may be verified by contacting the DSO at (800) 538-9552, or by visiting the nearest uniformed services personnel office. A list of personnel offices is available at www.dmdc.osd.mil/rsl.

The Military Health System is an integrated delivery system, one that is unique in its mission and composition, yet is based on sound business practices in health care purchasing and services delivery.

- The TRICARE South Region will provide specific contractual services, such as claims processing, for TRICARE Europe and other overseas regions.

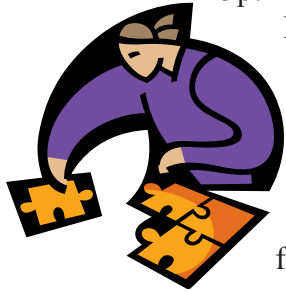
- Customer service representatives should ensure that TRICARE Europe beneficiaries are aware of the new stateside regional alignments prior to their return stateside.

- Visit www.tricare.osd.mil frequently for the latest updates.

Conference Aims to Optimize Direct Care Resources

COL Gail Williamson
Chief, Healthcare Operations

TRICARE Europe hosted the first-ever Italy Optimization Conference 4-5 Sept. in Pisa, Italy. Personnel from five military treatment facilities in Italy attended.



Conference objectives included assessing available services of each MTF and identifying unused capacity in the direct care specialty clinics that might be better utilized.

The TRICARE Europe Executive Steering Com-

mittee (ESC) identified the importance of this optimization effort in view of the retirement of the C-9 aeromedical transport aircraft, the continued global war on terrorism, and the general trend of the services towards increased jointness.

The 14 attendees identified 15 areas to concentrate efforts to better utilize resources available in country. A working group is now formed to sustain the momentum of these initiatives. A follow-up video teleconference will be conducted in mid-November for the group to provide updates on their assigned tasks.

The results of this very productive conference will be briefed to the TEO ESC and the TRICARE Executive Committee this fall.

Inpatient Mental Health Authorization and Guidance

Linda Glynn
Regional Nurse Case Manager

With the Fall upon us and the many deployments occurring within the TRICARE Europe area of responsibility, a quick review of some key points is in order.

TRICARE Europe maintains mental health resources on our website with helpful information regarding inpatient mental health admissions. Both OCONUS and CONUS information is available.

The following are key points to keep in mind for OCONUS referrals:

- ① All active duty family members and TRICARE Standard beneficiaries need preauthorization from TRICARE Europe.
- ② Try to use TRICARE Europe Preferred Providers. However, note you are not limited to these choices. If you have an unusual case, contact me for assistance at DSN 496-6336 or commercial 06302-67-6336.
- ③ The provider is required to submit a report outlining why a patient requires inpatient admission. Once a patient is admitted, the provider is required to review the host nation report approximately every seven days and approve or disapprove the treatment course.

This gives the provider the opportunity to evaluate whether the MTF has the resources to handle the case

or if a compassionate reassignment or other action needs to occur.

Here is the basic benefit package for inpatient mental health:

Inpatient Acute Mental Health:

- 19 years and over: 30 days
- 18 years and under: 45 days

Substance Use Disorder:

- 21 days for rehabilitation/7 days for detoxification

Partial Hospitalization Program:

- 60 days

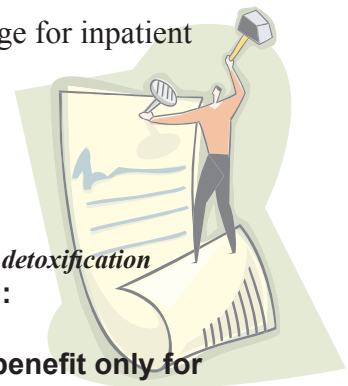
Residential Treatment Center (benefit only for child/adolescent):

- 150 days

Note that there are no certified overseas partial hospitalization facilities or Resident Treatment Centers. If the patient requires this level of care they will need to go back to the states.

Here are some key points to keep in mind for stateside referrals:

- ① All CONUS admissions need preauthorization through Choice Behavioral Health Partnership. Contact Barbara Estes at Telephone: 904-966-2008 (800-700-8646 option 4) or Fax: 904-996-2056 or Bestes@choicebehavioral.com.
- ② For RTC admissions the provider is required to fill out an application for RTC Placement. This form is available online at www.europe.tricare.osd.mil.



Provider Recoupment Update for FY 2004

Uli Engel

Deputy Chief, Regional Operations

Sometimes providers are paid incorrectly or overpaid and it is necessary for Wisconsin Physicians Service (WPS) to request that the money be paid back.

In most instances, the providers will recognize that they have been paid incorrectly and voluntarily repay the funds.

While the system of funds transfer by civilian providers throughout Europe in most cases is done electronically, DoD and WPS prefer that funds be paid back by check.

Repayment checks should be made out to **WPS/CHAMPUS**. If a provider can not issue a check to WPS, they may wire transfer the funds. Here are the details

that you will need to complete a wire transfer:

RECIPIENT BANK:

*M&I Marshall & Ilseley Bank
Milwaukee, WI, USA
Swift: MARL US 44
TELEX: TRT 190470 Maril Mil*

Instruct the bank that further credit is to be made to:

FINAL RECIPIENT BANK:

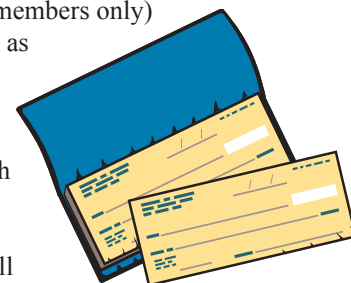
*M&I Madison Bank
Madison, WI, USA
ABA#: 075911205
Account Name: Wisconsin Physician Service/CHAMPUS*

For family members, the new account number is **25779699**. For active duty members, the account number will remain **57-24697**.

Note that the above account number (for family members only) has changed as of Oct. 1, 2003. This number changes each fiscal year.

Please be sure to tell the provider to include the claim number when wiring funds.

All fund-wiring fees will be borne by the recipient of the funds (WPS).



Public Affairs & Marketing Update

Verify!

TSC marketing points of contact should begin to receive Passports and self care book orders soon. We urge all TSC representatives to quickly verify receipt of materials. We have an easy-to-use online Marketing Order Verification form available for you. We must ensure you have received what you ordered! The verification form and the order form are available online at www.europe.tricare.osd.mil.

Easier Access, New Button

There is now a faster way to access TEO marketing material. You will now find a button on our homepage labeled "Public Affairs & Marketing" (formerly the "Newsroom" button). Here you will find links to all TRICARE Europe public affairs and marketing resources in one convenient location. If you have trouble finding anything, let us know.

Marketing Info Page

Want the latest marketing information? Visit the marketing Order & Verifications page and click on the big blue "Marketing News" button. We update this page monthly, so you can be sure you have the latest news about marketing products and marketing orders.

New Passport, New Remote Section

The October 2003 TRICARE Europe "Passport" now contains Remote as well as Prime program information. We'd like to know what you think about the new combined

product. We also ask that you review the passport for accuracy (in particular, check your TSC contact information). Contact us at teopao@europe.tricare.osd.mil or DSN 496-6315 if you have any comments, suggestions, or corrections.

Marketing Material Available

Visit the 'Marketing Downloads' section of our website. Formerly called 'Marketing graphics,' this site now hosts public service announcements (PSA), graphics, posters, flyers, and other products for you to download and use at your facility. Talk to your base/post newspaper editors and see if they are interested in using any of our free PSAs in their publications.

About the delivery of TCOY/TCOYC books

As many of you know, we had some difficulties with the delivery of *Take Care of Yourself/Child* April 2003 orders to certain locations due to a recent change in delivery methods. Check the marketing news section of our website this fall for step-by-step procedures for those who receive overland commercial freight delivery of the books.

HCIL Kits: Direct Mail to Beneficiaries

TRICARE Europe is now directly mailing the Health Care Information Line (HCIL) kits to beneficiaries. This means that you DO NOT need to order the HCIL kit for your future orders. If this changes, we will let you know prior to the April 2004 marketing order.

TOC Begins Pilot Test of New Portal

Capt Ted Lemon
Information Officer

The TRICARE Operations Center (TOC) recently began pilot testing of a new 'portal' website that unveils exciting new reporting tools in support of Department of Defense military health system facilities around the globe.

LCDR Tonya Hall, TOC Director, is currently pushing this newly released reporting tool to all TRICARE Regions for their testing & evaluation.

The new portal has many new additions that will assist in the real-time gathering and reporting of data & information.

New functionality allows users to drill down to MHS, regional, intermediate commands, and even military treatment facility levels.

The TOC tools provide standard data requirement reports that will benefit users at many levels, such as the Inpatient Daily Summary, Cancellations by MTF, Provider Schedules, the Template Analysis Tool, and Length of Stay reports.

The TOC has also added enrollment & population and Access to Care reports, both of which can be viewed in an Microsoft® Excel format.

TOC officials plan to continue developing and providing innovative ways to deliver timely, relevant information to the entire MHS enterprise with near real-time information.

This new and exciting tool is a clear example of this innovation, and promises to be of great value to users throughout the MHS.

Log on and try it out. You may want to start by viewing the "Getting Started" and "Frequently Asked Questions" links on the homepage of the site. Send comments, suggestions or questions direct to the TOC via the email link on the site.



TRICARE Operations Center

Building Tools That Work...
...For People Who Care

http://toc.tma.osd.mil/DAP/TMAportal_login.html

Login Logout Help E-Mail
09/18/2003
Customize | Content & Layout

Select Operational View

**Overall MHS:
Tricare Operations Center**

Branch of Service:
--Select View--

Health Service Region:
--Select View--

Intermediate Command:
--Select View--

Update View

MHS Hierarchy Model Last Updated: 29MAY03 13:08:59

Introduction

WELCOME to the TRICARE Operations Center site!

The TRICARE Operations Center (TOC) was established within the Regional Operations Division of the TRICARE Management Activity (TMA) to enable centralized access to specific CHCS data essential to MHS optimization. The TOC initially focused on viewing Composite Health Care Systems Appointment Templates for the MTFs and providing feedback to the MTF Commanders, LAs and Senior TMA Managers. The TOC now provides near real-time information on the TRICARE website in a standard, easy to read format that is available to personnel at all levels of the Military Health System.

The TRICARE Management Activity, Health Affairs, and the Services enthusiastically endorse this concept of centrally managed operational reporting, and efforts to achieve this same type of visibility over other critical management information sources are now underway. The TOC will continue providing innovative ways to deliver timely, relevant information to the entire MHS enterprise. **If this is your first time, you may want to select Getting Started or select Frequently Asked Questions.**

Enrollment

**Total Enrollment
Overall MHS:**

FYFM

ACV

AD Prime
 Non-AD Prime
 Plus (Champus)

Plus (non-Champus)
 TSP
 USFHP/USTF

Reporting Tools

Overall MHS:

Statistics Represent CHCS Date: 09/17/2003
Most Recent Data Load Completed: 17SEP03 18:38:20

Tool	Currently Reporting	Help
Template Analysis Tool (TAT)	387/413 (94%)	
Inpatient Daily Summary	97/115 (84%)	
Length of Stay Analysis	97/115 (84%)	
Provider Schedules	387/413 (94%)	
Appointment Cancellations by MTF	456/485 (94%)	

NOTE: Graphs consist of data last received from MTFs. Stored data is graphed for MTFs without current data. Select the reporting statistic hyperlink to view a detailed list of the current data collection status.

Excel Reports

- Enrollment & Population
- Access to Care Reports

Adding a Family Member to the TRICARE Dental Program

Dr. George Schad

Dental Program Director

Sponsors who belong to the TRICARE Dental Program (TDP) may wish to add a family member to the program in order to get dental care insurance coverage.

If a sponsor wants to enroll a child in the TDP prior to their 4th birthday*, a new spouse, dependent children after a second marriage, or dependents living elsewhere, these dependents must be eligible for coverage. If eligible, the sponsor should obtain a *United Concordia Companies Inc.* Enrollment/Change form, available online at www.ucci.com. Eligibility rules are also available here.

Families who choose to have TDP coverage must enroll all eligible family members in the TDP, unless some of the family members reside in separate locations. In these instances, it is permissible for only a single-family member or those living in a specific location to be enrolled, even though there are multiple members

in the family.

Sponsors should ensure that the "Add Family Member" box is checked on the UCCI Enrollment/Change form. Once completed, the form needs to be mailed or faxed to UCCI. The adding of family members cannot be accomplished online. You can mail the form to the address on the back of the form or you can fax it to 001-888-734-1944.

Families who already have two or more family members enrolled in the TDP will not see any increase in premiums.

Families that have had only one person enrolled in the TDP will see an increase in premiums from single to the family rate.

If UCCI receives the Enrollment form by the 20th of the month, then coverage will go into effect on the first day of the

following month. If the enrollment form is received after the 20th of the month, then enrollment is effective the first day of the second month. Sponsors should always contact UCCI to confirm their

enrollment prior to going to a dentist to receive care.

Reservists wishing to enroll themselves and or family members in the TDP should consult the TDP Benefit Booklet for specifics on Reserve enrollment.

Fact Sheet #6, "TRICARE Dental Program", is available at:

www.europe.tricare.osd.mil for more information.

*Normally, a new child is not added to the program until their fourth birthday. At that time, UCCI will notify the family that it is updating the policy, and that the child's coverage is effective on the first day of the month following the month of the child's 4th birthday.



TRICARE Europe Beneficiary Feedback

The information in this column features frequently asked questions from beneficiaries and answers provided by the TRICARE Europe Office staff.

Q: *Can dependents living in a remote location without their sponsor enroll with TRICARE Remote (Prime) and use International SOS?*

A: No. If you are DEERS eligible and reside with your sponsor and your sponsor is permanently assigned to a remote location, you are eligible to enroll in TRICARE Remote and may use International SOS. However, If you live in a remote location without your sponsor, your TRICARE benefit is limited to TRICARE Standard. With Standard, beneficiaries must pay an annual deductible and cost shares, and some Host Nation Providers may ask for payment up front for care that is rendered. Standard beneficiaries must also file claims with our overseas claims processor at: TRICARE Europe—WPS-Claims Processing, P.O. Box 8976, Madison WI, 53708-8976.

Q: *I am a retiree living in Europe and have TRICARE for Life with Medicare Part B. How can I obtain a TRICARE insurance card for off-base care?*

A: Currently TRICARE For Life Beneficiaries are not issued TRICARE insurance cards. The only forms of identification for proof of medical insurance that TRICARE For Life beneficiaries

require is a valid military ID card and a Medicare card. Overseas, TRICARE will pay for covered services, and you pay an annual deductible and cost shares. Medicare does not pay for services rendered overseas, but does pay for stateside services. For more information on the TRICARE For Life benefit, please contact your local TRICARE Service Center or see Fact Sheet #12, available at www.europe.tricare.osd.mil.

Q: *I am stationed in a Remote area. What happens if I do not enroll myself or family in International SOS?*

A: Actually, beneficiaries do not enroll in International SOS. If you are an active duty member stationed in European or Central Command and live more than 50 miles from a military medical treatment facility, you and your eligible family members may enroll in TRICARE Europe Remote. Once enrolled in Remote, you may use the services of International SOS. Active Duty members must enroll in TRICARE Europe Remote. Family members may choose between TRICARE Europe Remote and TRICARE Standard coverage. Using International SOS is optional for eligible family members, but if you do not use the program, you will have no assurance of quality, you may have to pay up front, and you'll have to file a claim. If you choose this option, your local TRICARE POC can help you file medical claims, and can receive payment checks for hand-delivery to you or your provider.

New TEO Senior Enlisted Advisor Shares Goals, Vision

MSgt Lisa Poss

Senior Enlisted Advisor

It is an honor and privilege to have been selected to be the Senior Enlisted Advisor for TRICARE Europe.

As your Senior Enlisted Advisor, my goals are to provide outstanding service for all beneficiaries, to deliver a hassle-free TRICARE benefit, advise the TRICARE Europe director on all health and welfare related topics from an enlisted perspective, and support the regional medical commands and EUCOM in coordinating seamless healthcare delivery during contingency operations.

I entered the service in 1985 in the Healthcare Management field, and have worked in a wide range of healthcare management areas over the past 18 years.

I have specialized in the TRICARE arena for the last nine years, and have worked many of the issues that you are trying to manage.

I completed my Community College of the Air Force Degree in Health Care Management, and I am aggressively pursuing my Bachelors.

I have learned that it is an exciting career while also at

times a very stressful one. The balancing act of our military requirements and taking care of our beneficiaries sometimes feels impossible to accomplish, however I assure you it can be done.

I truly believe that if we utilize the tools created by those before us, and take advantage of the educational opportunities provided, we will succeed as a team. It is also important to educate our beneficiaries on their program. Education is the key to a successful healthcare plan.

I am excited to be aboard the TRICARE Europe team and am looking forward to working with each of you.



MSgt Lisa Poss

TRICARE Europe Senior Enlisted Advisor

Medical Director's Corner



LTC George Patrin

TRICARE Europe Medical Director

Anyone feel overwhelmed? With current resources, or lack thereof, and the unbelievable ops tempo, it seems we're stuck in an endless cycle of health care catch-up. Do we have a solution? You bet.

In the last issue of the *Compass*, Col Rundell, my predecessor, highlighted two key strategies for healthcare improvement that will get us closer to where we need to be: the host nation quality of care policy and advanced open access to care at the military facility.

We continue to improve and update the policy, creating a set of standards that meet patient expectations for high quality health care.

The beneficiary comment cards

our patients are asked to fill out with every visit outside our military treatment facilities are a crucial aspect of this effort. We must encourage patients to fill them out. This input will assist commanders in monitoring network health care delivery so our patients know they're getting the quality care they deserve.

The second strategic area, open access to care, is perhaps the more challenging of the two. While it is fine to say "do today's work today," it's not as easy as it sounds. To be able to see every patient who wants to be seen today, we all need to take an honest look at how we conduct our healthcare business. Our focus must be entirely on and for the customer, our patient; on keeping them healthy, not only on treating their illnesses. In this way, we will decrease the demand for our

services, allowing for optimization of our resources.

Doing "same-day sick call" is not open access if we are only taking care of one complaint per visit. We must provide as much preventive care as possible with every patient encounter. Ultimately, open access decreases demand and frees up provider time. No additional resources needed. Unbelievable, but true.

The key is to accurately predict patient demand, determine whether we truly have the resources to meet their health care needs, and then reengineer processes to get the very most out of every appointment.

This maximizes provider team efficiency and truly supports military readiness.



TRICARE Europe presented WIC Overseas information and materials recently at the U.S. Army Europe Land Combat Expo in Heidelberg, Germany. The expo is an annual event that brings together USAREUR combat-related and community resources for soldiers, soldiers' family members, retirees, and other interested parties throughout Europe. Here, Lamont Olsen, WIC Overseas European Liaison, discusses the program with a military family.

Briefs

BSR Third Quarter Winner Announced

Congratulations to TSgt Sandra Horan, TRICARE Europe's Beneficiary Service Representative of the Quarter. Horan is the Chief Patient Liaison Coordinator for the 39th Medical Group at Incirlik Airbase, Turkey. During the second quarter of 2003, Horan provided expert coordination, transportation and translation services for 149 routine patient referrals and received universal positive feedback from beneficiaries. She also provided professional assistance during 73 urgent/emergency transfers & requests, contributing directly to lifesaving efforts and high standards of safety and quality care for patients.

Referencing New TRICARE Contracts

Over the past two years, in typical military fashion, references to the new TRICARE contracts were shorted to "T-NEX." However, for public reference, the terminology should be: "The next generation of TRICARE contracts." The reference "Next generation of TRICARE contracts" may be shortened to "TRICARE contracts" on second reference. Another term that should be retired is "managed care support contract(or)." The new reference should be "health services and support contract(or)" which is more descriptive of what the new contract(or)s provide. (courtesy TMA)

TMA Provider Directory Website Update

TMA recently updated the Standard Provider Directory (www.tricare.osd.mil/ProviderDirectory) to provide more streamlined, detailed results; improved search tips and explanation of search results; and added questions frequently asked in searching for a provider who will accept TRICARE. This contributes in the efforts to communicate TRICARE Standard benefits in an easily accessible, easy to understand format. In Europe, this resource is most useful for TRICARE Standard beneficiaries trying to find a stateside provider accepting TRICARE.



The TRICARE Europe Compass is published quarterly by the TRICARE Europe Office, Unit 10310, APO AE 09136-0136.

Readers with questions or comments may contact us at:
 TRICARE Europe Office Public Affairs
 DSN: 496-6315 or Comm: 00-49-0-6302-67-6315
 E-mail: teo.pao@europe.tricare.osd.mil
 Article and photo submissions are welcome

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 Executive Director..... Col James Rundell
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 Web Support..... Mr. Arthur Pedersen

